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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/882,439	06/15/2001	2661	790	LI 5	9	21	6

CONFIRMATION NO. 8824

John T. Peoples  
14 Blue Jay Court  
Warren, NJ 07059

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Technology Center 2600

FILING RECEIPT



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Date Mailed: 08/08/2001

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## Applicant(s)

Shuo-Yen Robert Li, Hong Kong, HONG KONG;

SHATIN

## Domestic Priority data as claimed by applicant

THIS APPLN CLAIMS BENEFIT OF 60/212,333 06/16/2000

## Foreign Applications

If Required, Foreign Filing License Granted 08/08/2001

Projected Publication Date: 12/20/2001

Non-Publication Request: No

Early Publication Request: No

\*\* SMALL ENTITY \*\*

## Title

Switching concentrator

## Preliminary Class

370

Data entry by

Team

Date



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Bib Data Sheet

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<b>SERIAL NUMBER</b> 09/882,439	<b>FILING DATE</b> 06/15/2001 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2662	<b>ATTORNEY DOCKET NO.</b> Li 5	
<b>APPLICANTS</b> Shuo-Yen Robert Li, Shatin, HONG KONG; <b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/212,333 06/16/2000 <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 08/08/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> HONG KONG	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> John T. Peoples 14 Blue Jay Court Warren ,NJ 07059					
<b>TITLE</b> Switching concentrator					
<b>FILING FEE RECEIVED</b> 790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		